

Tunisian case study about CSO struggle to protect the public health sector and to fight against rampant privatization of health care.

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Background:

Tunisia, a middle-income country located in North Africa has a population of 11.5 million. About 17 % lack social health protection and have no form of health insurance. These are the most vulnerable groups of the society including unemployed, workers in informal sector, workers in the private sector but not registered in social security scheme, some elderly with weak pension system, the handicapped and refugees and migrants.

Health care was **free** from the independence in late fifties to **mid seventies** with the move from socialist to market oriented policy. **User fees** were implemented in early eighties and **structural adjustment** has been initiated late **eighties** leading to important changes in the structure of health care financing with the burden of financing gradually shifting to households. Presently **38.5 %** of total spending is borne by households and **2 %** of population facing catastrophic health expenditures and **1 % falling in Poverty** because of medical spending.

Since the policy shift to market economy the government has embarked in an **active privatization policy** with access to loans financed from government budget to investors in private health care facilities and other incentives including **tax exemptions**. Major banks have established their private health care facilities (private hospitals, renal dialysis clinics, laboratories, etc.). Also, **foreign financial groups** such as the **Emirati Abraj**, have started buying private hospitals in countries of the region including Egypt, Morocco and Tunisia. The financial portfolio of the group for the three countries is estimated to reach 12 billion US \$.

In the meantime and following IMF recommendations, MOH budgeting has started declining from 10 % in the eighties to **5 % in 2019**. Such situation led to **passive privatization**, to deteriorating working conditions in public health care facilities, to a **two peed health service provision** to rich and poor population and to internal and external **migration** of Tunisian health care professionals.

Violations of the rights to health:

Following the **2011 revolution of freedom and dignity** and the adoption of the **2014 constitution**, which protects the right to health in article 38, several NGOs were allowed to operate including the Tunisian Association for defending the right to health and People's Health Movement national circle which issued the first report on the right to health in Tunisia in **2016**.

The report has illustrated major **inequalities** in access to health care between social classes and between various regions of the country. Despite limited data, important discrepancies were noted in some health indicators including life expectancy at birth, infant and maternal mortality and access to medicines. A particular interest was paid to assess health of special groups including adolescents, women, handicapped and refugees and migrants and to social determinants of health nationwide and cross regions.

The report has identified the main violations of the right to health following neoliberal policies even after revolution. Indeed the high level of debt and worsening economic and social conditions following

important political changes, have kept the country trapped in the **IMF conditionalities** including limiting spending in social and health services and **disengagement** of the state from its social responsibilities. Also the fair parliamentary and presidential elections which took place in 2014 and 2019 brought right wing liberals to power.

The report has also stressed the worsening working conditions of public health care sector with escalating debt to the **Central Pharmacy** and to major public and private partners leading to frequent out of stocks of medicines and necessary biomedical equipment in various tiers of delivery system and particularly at primary care.

The report ended by highlighting a **road map** for the struggle to fight against the various violations of the constitutional right to health. An important media coverage with national and international journalists was organized to share the main findings of the report and to advocate measures to implement such right. The press conference was also attended by several CSO representatives working in health and social sector.

The struggle to defend the public health sector and to fight for the right to health:

Following the release of the report by the association for defending the right to health and People's Health Movement national circle; around **40 CSO active in health sector** met to discuss the road map proposed in the report and to coordinate their actions. It was agreed that strategically, defending and protecting the public health sector, should represent the main entry point to move towards defending the right to health.

Several meetings at national level and also in some governorates were arranged to disseminate the findings of the report on the status of right to health in Tunisia and to collect suggestions on main actions to be taken. A list of **priority actions to rehabilitate the weakened public health sector** was established by major CSO and were shared in several occasions including celebration of **World Health Days'**.

Lobbying took place with the main **labor union (UGTT)** and with some **progressive political parties**. Hearings were scheduled with the health committee in the parliament and a memo with the main priority actions was sent to MOH and to Presidency of Government. Pressure made by CSO led to a **cabinet meeting** dedicated to ways and means to strengthen public health sector in the short, medium and long term formulated by the network of CSO.

The measures taken by government were not up to the **expectations of CSO** who continued advocacy and lobbying activities. The **COVID 19 pandemic** has offered a golden opportunity to raise the debate about the future of the public health sector and the implementation of the right to health. Despite its limited resources, the public health sector was in the **fore front of the struggle against the pandemic**.

A paper was prepared on the need to strengthen and to scale up the contribution of the **primary health care level** in the fight against the disease and to readjust the hospital and emergency care focused **national response strategy to the pandemic**. It was shown that primary health care facilities including health centers and district health hospitals and maternities could play an important role provided training and provision of necessary equipment.

A national paper in Arabic(see annex) on privatization and commodification of health care services was prepared as part of a six-country study (Jordan, Lebanon, Morocco, Palestine, Tunisia and Yemen) initiated by the **MENA regional People's Health Movement secretariat** providing political economic analysis of the privatization in the frame of national, regional and global social and political context. Some directions for the future strategies to fight against such trend in health systems were suggested.

Following the analysis of various papers highlighting national peculiarities and regional convergence, a virtual conference was organized on August 25th. The conference offered the opportunity to share national and regional concerns about the worrying trend of privatization and its negative impact on equity and the implementation of the right to health.

The Covid 19 pandemic and social debate about health:

The Tunisian health system, as most systems worldwide, was **ill prepared** to deal with the pandemic in view of the lack of long -term vision and limited interest paid to preparedness and response to epidemics. The situation was also aggravated by the unfavorable economic and social environment represented by a severe economic and social crisis.

Despite some success in managing the first wave and in reducing viral transmission through lockdown, the situation has deteriorated during the second wave with high increase in prevalence through local and community transmission and increasing mortality. The government has taken some measures to improve complementarity and coordination between public and private health sector particularly in the field of intensive care including specialized workforce and medical equipment.

Despite measures taken by the government to improve coverage by testing through licenses provided to private health laboratories, concerns are voiced in the media of **profiteering attitude** of some providers by increasing the prices beyond the figures set by government and by providing paid fake certificates to allow travels of Tunisian living abroad.

As a consequence of active and passive privatization policies , imbalances do exist between public and private health care facilities in relation to preparedness and response to the new health emergency. The private sector, covering only two thirds of admission services and about 40 % of ambulatory care has **more ICU beds** and more **anesthesiologists** than the public health sector. The situation is also worsened by the selective and targeted immigration carried out by European countries and countries of the North as more than half of the Tunisian trained anesthesiologists work in France(see the Tunisian paper on privatization).

A communique was published on October 18th in some newspapers and media web sites highlighting the need to improve MOH budget in preparation of the **2021 government budget** by identifying necessary financial resources to reduce the debt burden of public facilities and to recruit additional human resources in the public sector despite the ban on recruitment of civil servants put by IMF and EU. The communique has also stressed the important contribution of public health sector in health development in general and in the fight against the pandemic in particular.

Managing social and economic impacts of the Covid 19 pandemic:

Several papers were published by CSO members highlighting the fact that the country is not facing only the pandemic but a synthesis of several other epidemics of social and economic nature. The present

syndemic is made of a combination of a pandemic, with a global pandemic of non communicable diseases following poor policies and aggressive advertisement by trans national companies and increasing social and economic inequalities caused by neoliberal policies and globalization.

During the months of lockdown, and despite efforts made by government to provide financial support to vulnerable groups of population including unemployed, workers fired for technical and financial reasons and refugees and migrants, economic conditions of large segments of the population have worsened. The figures recently published by the National Institute for Statistics show that Poverty has increased reaching almost **20 % of the population** with variations between regions and that unemployment has increased as more than **160,000 workers** have lost their job mainly in tourism making **14 % of GDP** and in some industrial sectors.

In view of the vulnerable situation of refugees and migrants, several CSO including PHM circle have expressed solidarity and requested government to allow migrants access to social security system. Efforts were also made to **support financially some migrants** by progressive mayors and CSO through payment of rent, bills and food donation. Also violence against women and vulnerable groups has increased during the pandemic and efforts are being made in social media to document cases and to advocate necessary measures.

Lessons learned:

Capitalism and neoliberal policies are the main culprits:

Privatization of social and health sectors actively promoted through neo liberal policies have shown their negative impacts in widening social and economic disparities inside and between countries. Health should regain its role as a **societal value and human right** and not as market commodity left to market forces. Several thinkers have expressed their views in the media and social debates worldwide and in Tunisia.

Social role government should be rehabilitated particularly in education and health:

The central and strategic role of the public health sector in fighting against the pandemic has been widely recognized by government officials and several segments of the society. Despite being weakened by neoliberal policies for more than three decades, the public health sector has been at the fore front and has shown a great deal of **resilience**.

Health workers should be protected:

Health professionals fighting against the pandemic in public and private health care facilities were not adequately protected. CSO and labor union are requesting government to take its responsibility. Covid 19 was considered as **labor hazard** for health professionals.

Social determinants of health should be further promoted and strengthened:

Government and public health community should recognize the fundamental role of social determinants of health in managing the pandemic and beyond.

Civil society organization should unite its struggle with progressive political parties and syndicates:

There is a pressing need to **coordinate** all efforts between CSO active in health and social sector and to rally with major labor union and progressive political parties to move the agenda of the right to health in the **political** and **societal debate**.

Need for more evidence on the negative impact of privatization:

Efforts should be made by health activists and academia to carry out **health system research** in order to generate evidence which should help to design necessary policy changes and reforms.

Conclusion:

Privatization and commodification of health services represent a real **threat** to the implementation of the right to health. The evidence generated by countries and regions should help identifying **strategic directions** for PHM work at national, regional and global levels.

Annex:

- The Tunisian paper on privatization and negative impact on the right to health
- Press clips and communiqués by the CSO coordinating secretariat